



State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210

PO Box 145801

Salt Lake City, Utah 84114-5801

801-538-5340

801-359-3940 (Fax)

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Michael O. Leavitt
Governor

Lowell P. Braxton
Division Director

M/23/007

FACSIMILE COVER SHEET

DATE: July 13, 2000

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3

TO: Steve Flechner
North Lily Mining

FAX NUMBER: 1-303-293-2235

FROM: Wayne Hedberg / Joelle

Minerals Reclamation and Development Program

PHONE: (801) 538-5291

FAX: (801) 359-3940

SUBJECT: SIGNATURE CARD & DEBIT
WITHDRAWAL RECEIPT (COPIES)

REMARKS: STEVE, (FYI)
MARY ANN ASKED ME TO FAX COPIES
OF SIGNED ^{SIGNATURE} CARD AND WITHDRAWAL
RECEIPT AUTHORIZATION TO YOU. LOWELL
SIGNED SAME & THEY WERE SENT TO
BANK 7/11/00. QUESTIONS, GIVE ME
A CALL.

Should you encounter any problems with this copy, or do not receive all the pages, please call

Important: This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return this original message to us at the above address via regular postal service. Thank you.

0016

TRANSACTION REPORT

P. 01

JUL-13-2000 THU 03:42 PM

FOR: OIL, GAS & MINING

801 359 3940

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
JUL-13	03:41 PM	13032932235	59"	3	SEND	OK	158	

TOTAL : 59S PAGES: 3



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D Wayne Hedberg / Joelle

Minerals Reclamation and Development Program

ALL INSTRUMENTS LISTED BELOW ARE ISSUED TO THE SAME ACCOUNT OWNER(S). THE TIN CERTIFIED CORRECT ON THE FRONT OF THIS CARD APPLIES TO ALL LISTED INSTRUMENTS.

Taxpayer Identification Number (TIN) 87-0158650 on this account:

Name of account owner assigned TIN

M/023/007

By signature below, I certify under penalties of perjury that:

(1) The number shown above is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and I am NOT subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

☐ If checked here, I am subject to backup withholding.

☐ If checked here, I certify that I am NOT a U.S. citizen or resident (or the account is owned by a foreign corporation, partnership, estate or trust) and am NOT subject to certain U.S. information return reporting backup withholding rules. (If checked, Form W-8, Certificate of Foreign Status, must be signed by depositor.)

First Security Bank

Account Name:

North Lily Mining for
Utah State Dept. of Natural Resources
Division of Oil, Gas and Mining

DEPOSIT INSTRUMENTS OWNED BY THE BELOW SIGNERS ARE LISTED ON THE REVERSE SIDE
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Lowell P Braxton

Lowell P Braxton
Director

Signatures
X
X
X

Number of signatures required for withdrawals: 1

Primary Customer Address:

355 W North Temple

City:

Salt Lake City, Utah

State:

ZIP:

Phone:

State:

ZIP:

Mailing Address (if different than above):

City:

Identification #1:

Identification #2:

Birthplace:

Birthdate:

Mother's Maiden Name:

1.

2.

Employer:

Occupation:

Work Address:

Work Phone:

1.

2.

References Verified:

Documents on File:

☐ Corporate Resolution-Dated:

☐ Organization Authority-Dated:

☐ Correspondence Hold Authority-Dated:

☐ Other: Dated:

CERTIFICATE OF DEPOSIT ACCOUNT SIGNATURE RECORD

** asked them to correct our address.
returned to bank - Payson office 7-11-00*

FIRST SECURITY BANK
GENERAL LEDGER

Certificate of Deposit Account Withdrawal

Certificate of Deposit Account Withdrawal					
DATE _____		GENERAL LEDGER			
OFFICE NO. <u>E48</u>		DEPT. <u>S</u>		PREPARED BY (Type or print name) _____	
ACCOUNT NUMBER _____		ACCOUNT NAME (Please print or type) <u>Nott Kelly Munnings</u>		EMPLOYEE NO. (5) <u>02172</u>	
RECEIVED BY (Signature of owner) <u>[Signature]</u>					
BANK USE <input type="checkbox"/> CLOSE WITH PENALTY (3311) <input type="checkbox"/> PARTIAL WITH PENALTY (3051) <input type="checkbox"/> CLOSE WITHOUT PENALTY (3314) <input checked="" type="checkbox"/> PARTIAL WITHOUT PENALTY (3105)		CONTRA _____			
SERIAL NO. <u>_____</u> (Descriptive)		EFFECTIVE DATE _____			
OFFICE NO. _____		DEPT. _____		SIX DIGIT ACCOUNT NO. _____	
GRAND TOTAL AMOUNT _____					

0216527 * 06000212541 \$

॥ श्रीगणेशाय नमः ॥